

UNITED STATES DEPARTMENT OF THE INTERIOR  
MINERALS MANAGEMENT SERVICE  
GULF OF MEXICO REGION

# ACCIDENT INVESTIGATION REPORT

1. OCCURRED

DATE: 07-APR-2010 TIME: 1600 HOURS

2. OPERATOR: Statoil Gulf of Mexico LLC

REPRESENTATIVE: Becnel, Thomas

TELEPHONE: (713) 579-9905

CONTRACTOR:

REPRESENTATIVE:

TELEPHONE:

3. OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR  
ON SITE AT TIME OF INCIDENT:

4. LEASE: G20341

AREA: WR LATITUDE:  
BLOCK: 543 LONGITUDE:

5. PLATFORM:

RIG NAME: MAERSK DEVELOPER

6. ACTIVITY: ☒ EXPLORATION (POE)  
☐ DEVELOPMENT/PRODUCTION  
(DOCD/POD)

7. TYPE:

- ☐ HISTORIC INJURY
- ☐ REQUIRED EVACUATION
  - ☐ LTA (1-3 days)
  - ☐ LTA (>3 days)
  - ☐ RW/JT (1-3 days)
  - ☐ RW/JT (>3 days)
  - ☐ Other Injury

- ☐ FATALITY
- ☒ POLLUTION
- ☐ FIRE
- ☐ EXPLOSION

- LWC ☐ HISTORIC BLOWOUT
- ☐ UNDERGROUND
  - ☐ SURFACE
  - ☐ DEVERTER
  - ☐ SURFACE EQUIPMENT FAILURE OR PROCEDURES

COLLISION ☐ HISTORIC ☐ >\$25K ☐ <=\$25K

- ☐ STRUCTURAL DAMAGE
- ☐ CRANE
- ☐ OTHER LIFTING DEVICE
- ☐ DAMAGED/DISABLED SAFETY SYS.
- ☐ INCIDENT >\$25K
- ☐ H2S/15MIN./20PPM
- ☐ REQUIRED MUSTER
- ☐ SHUTDOWN FROM GAS RELEASE
- ☒ OTHER SBM lost through dump valve

6. OPERATION:

- ☐ PRODUCTION
- ☒ DRILLING
- ☐ WORKOVER
- ☐ COMPLETION
- ☐ HELICOPTER
- ☐ MOTOR VESSEL
- ☐ PIPELINE SEGMENT NO.
- ☐ OTHER

8. CAUSE:

- ☐ EQUIPMENT FAILURE
- ☒ HUMAN ERROR
- ☐ EXTERNAL DAMAGE
- ☐ SLIP/TRIP/FALL
- ☐ WEATHER RELATED
- ☐ LEAK
- ☐ UPSET H2O TREATING
- ☐ OVERBOARD DRILLING FLUID
- ☐ OTHER \_\_\_\_\_

9. WATER DEPTH: 6606 FT.

10. DISTANCE FROM SHORE: 182 MI.

11. WIND DIRECTION: SSE  
SPEED: 17 M.P.H.

12. CURRENT DIRECTION: WNW  
SPEED: 0 M.P.H.

13. SEA STATE: 4 FT.

17. INVESTIGATION FINDINGS:

On 7-APR-2010 at 1600 hours, the "Maersk Developer" rig personnel decided to circulate the well to condition the mud. During circulation approximately 125 barrels of Synthetic Based Mud (SBM) was spilled overboard through a dump valve located approximately 20 feet below the waterline. Once the SBM was discharged overboard, it was discovered that the shakers were inadvertently lined up to the shaker dumps and then overboard for drilling out cement and cement cuttings. The valving set-up was not properly configured to go from the shakers to the MI Swaco unit for circulating the mud weight.

18. LIST THE PROBABLE CAUSE(S) OF ACCIDENT:

The cause of this incident was that the valving was lined up inadvertently from the shakers to the shaker dumps and then overboard.

19. LIST THE CONTRIBUTING CAUSE(S) OF ACCIDENT:

There was no written procedure discussed or work permit completed prior to conditioning the mud during circulation.

20. LIST THE ADDITIONAL INFORMATION:

To prevent this incident from reoccurring, the spill event was discussed in full detail with both the Lead Drilling Engineer, the Drilling Engineer, the Lead HSE Advisor, the Staff Regulatory Advisor, the Drilling HSE Advisor, the Rig Supervisor and the Maersk personnel. A work permit will be required before any alignment of the valves from the shakers to the shaker dumps and/or cutting dryers can take place.

21. PROPERTY DAMAGED:

NATURE OF DAMAGE:

125 bbls of synthetic base mud

Lost overboard

ESTIMATED AMOUNT (TOTAL):

\$22,500

22. RECOMMENDATIONS TO PREVENT RECCURANCE NARRATIVE:

The Houma District office has no recommendations to report to the Regional Office of Safety Management.

The Houma District concurs with Statoil's recommendations to prevent reoccurrence listed in Item 20 of this report.

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: NO

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

N/A

25. DATE OF ONSITE INVESTIGATION:

26. ONSITE TEAM MEMBERS:

**Casey Bisso /**

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

**Bryan A. Domangue**

APPROVED

DATE: **01-AUG-2010**

# INJURY/FATALITY/WITNESS ATTACHMENT

☒ OPERATOR REPRESENTATIVE

☐ INJURY

☐ CONTRACTOR REPRESENTATIVE

☐ FATALITY

☐ OTHER \_\_\_\_\_

☒ WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

☐ OPERATOR REPRESENTATIVE

☐ INJURY

☒ CONTRACTOR REPRESENTATIVE

☐ FATALITY

☐ OTHER \_\_\_\_\_

☒ WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

WORK PHONE:

TOTAL OFFSHORE EXPERIENCE:

YEARS

EMPLOYED BY:

BUSINESS ADDRESS:

CITY:

STATE:

ZIP CODE:

# POLLUTION ATTACHMENT

1. VOLUME:	GAL	125	BBL
	YARDS LONG X		YARDS WIDE

APPEARANCE:

2. TYPE OF HYDROCARBON RELEASED:

☐ OIL

☐ DIESEL

☐ CONDENSATE

☐ HYDRAULIC

☐ NATURAL GAS

☒ OTHER **SBM**

3. SOURCE OF HYDROCARBON RELEASED: **Misalignment of valves at the shakers allowed SBM overboard.**

4. WERE SAMPLES TAKEN? **NO**

5. WAS CLEANUP EQUIPMENT ACTIVATED? **NO**

IF SO, TYPE: ☐ SKIMMER

☐ CONTAINMENT BOOM

☐ ABSORPTION EQUIPMENT

☐ DISPERSANTS

☐ OTHER \_\_\_\_\_

6. ESTIMATED RECOVERY: 0 GAL BBL

7. RESPONSE TIME: 0 HOURS

8. IS THE POLLUTION IN THE PROXIMITY OF AN ENVIRONMENTALLY SENSITIVE AREA (CLASS I)? **NO**

9. HAS REGION OIL SPILL TASK FORCE BEEN NOTIFIED? **NO**

10. CONTACTED SHORE: **NO** IF YES, WHERE:

11. WERE ANY LIVE ANIMALS OBSERVED NEAR: NO

12. WERE ANY OILED OR DEAD ANIMALS OBSERVED NEAR SPILL: **NO**

